SCHWEGMAN ■ LUNDBERG ■ WOESSNER ■ KLUTH PATENT, TRADEMARK & COPYRIGHT ATTORNEYS P.O. Box 2938

Minneapolis, MN 55402

Telephone (612) 373-6900

Facsimile (612) 339-3061

RECEIVED **CENTRAL FAX CENTER**

MAY 1 1 2007

April 19, 2007

Commissioner for Patents TO:

Attn: None Entered

Patent Examining Corps

Facsimile Center P.O. Box 1450

Alexandria, VA 22313-1450

FAX NUMBER: 571-273-8300

FROM: Gregg A. Peacock

OUR REF: 884.898US1

TELEPHONE: 571 272 7389

* Please deliver to Examiner (None entered) in Art Unit N/A. *

Document(s) Transmitted: Request for Withdrawal as Attorney or Agent (2 pages).

Total pages of this transmission, including cover letter: 2 pages. If you do NOT receive all of the pages described above, please telephone us at 612-373-6900 or fax us at 612-339-3061.

In re. Patent Application of: Louis A. Lippincott et al. Examiner:

Serial No.: 10/600,047

Group Art Unit: 2624

Filed: June 19, 2003

Docket No.: 884.898US1

Title: PROCESSOR TO PROCESSOR COMMUNICATION IN A DATA DRIVEN

ARCHITECTURE

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Richard Huber

AS ATTORNEY OR AGENT

AND CHANGE OF

CORRESPONDENCE ADDRESS

RECEIVED

CENTRAL FAX CENTER

June 19, 2003

2624

884 898US1

Louis A. Lippincott

PTO/SB/83 (01-08)
Approved for use through 12/31/2008, OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/600,047 REQUEST FOR WITHDRAWAL

Filing Date

Art Unit

First Named Inventor

Examiner Name

		Attorney Do	cket Number	884.89	BUS1_	
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Please withdraw me as attorney or agent for the above Identified application, and						
\boxtimes	all the attorneys/agents of record					
	the attorneys/agents (with registration numbers) listed on the attached paper(s), or					
⊠		sociated with Customer Nu				_ '
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.						
The reasons for this request are: The Practitioner is discharged by the client – CFR 10.40 (b) (4)						
CORRESPONDENCE ADDRESS						
1. 🗆						
2. 🛛	Change the correspondence address and direct all future correspondence to:					
	The address association with Customer Number:					
OR						
Ø	Firm or	Cathy Dikes				
	Individual Name	Intel Corporation				
Address		M/S. LF2 4040 Lafayette C	1		_	20454
City		0.10,11	State VA		Zip	20151
Country		United States				
Telephone Email						
Signature //// / / / / / / / / / / / / / / / /						
Name Great A. Peacock			Registration No. 45,001			
Date	5-9-6	July and the subset meeting of	Telephone No. (612) 371-2103			
NOTE: Withdrawal is effective when epproved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.						

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparating, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEED OR COMPLTED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.